

ELECTRONIC INFORMATION DISCLOSURE STATEMENT

Electronic Version v18

Stylesheet Version v18.0

Title of Invention	Neuro-Electric-Therapy Headset
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Application Number :
Confirmation Number:
First Named Applicant: Onje' Erfan
Attorney Docket Number: ERF 1125
Art Unit:
Examiner:
Search string: (5514175 or 3894532 or 4112923 or 4503863 or 4690145 or 5458625).pn

US Patent Documents

Note: Applicant is not required to submit a paper copy of cited US Patent Documents


init	Cite.No.	Patent No.	Date	Patentee	Kind	Class	Subclass
LF	1	5514175	1996-05-07	Kim et al.	A	607	136
LF	2	3894532	1975-07-15	Morey	A	600	547
LF	3	4112923	1978-09-12	Tomecek	A	600	11
LF	4	4503863	1985-03-12	Katims	A	600	554
LF	5	4690145	1987-09-01	King-Smith et al	A	607	63
LF	6	5458625	1995-10-17	Kendall	A	607	46

Remarks

Note: Remarks are not for responding to an office action.

Additional IDS follows by mail with extract of web site for NET1 Device, URL
<http://net1device.com/>

Signature

Examiner Name	Date
	10/3/2005



PTO/SB/08B (08-03)
Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete If Known	
Application Number	10/707,921
Filing Date	01/26/2004
First Named Inventor	Onje' Erfan
Art Unit	
Examiner Name	
Attorney Docket Number	ERF 1125

Sheet 1 of 1

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
LF		AURI-STIM MEDICAL, INC., Net-1 Neuro-Electric Therapy, 1998, URL http://net1device.com	

Examiner Signature		Date Considered	10/3/2005
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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